

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2016
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - WINDWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 220 LONGMIRE RD CLINTON, TN 37716		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor 's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure required areas were provided with negative/exhaust air pressure.</p> <p>The finding includes:</p> <p>Observation and interview with the maintenance director on 12/12/16 at 10:48 AM revealed the restrooms in rooms 217 and 222 had no negative/exhaust air pressure.</p> <p>The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 12/12/16.</p>	N 848	<p>N-848</p> <p>Corrective action for residents found to have been affected by the deficient practice:</p> <p>No residents were affected by the deficient practice. The exhaust system motor that services rooms 217 and 222 were replaced by Airtech on 12/20/16.</p> <p>How other residents with the potential to be affected by the same deficient practice were identified and what corrective action will be taken:</p> <p>Residents on 200 North had the potential to be affected. No residents were identified as being affected. The exhaust system motor that services rooms 217 and 222 were replaced by Airtech on 12/20/16.</p> <p>What measures will be put into place or systematic changes will ensure that the deficient practice does not recur:</p> <p>The Administrator inserviced Mark Miller, Maintenance Director on 12/12/16 on the proper functioning and maintenance of negative pressure/exhaust systems throughout the facility. All</p> <p>Continued on next page.</p>	1/11/17

Division of Health Care Facilities
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6499

NS8321

If continuation sheet 1 of 1

N-848 Continued

negative air pressure/exhaust systems were checked by Dave Bozeman, Maintenance Assistant on 12/21/16 and found to be functioning properly.

How the corrective action will be monitored to ensure the deficient practice will not recur:

Motors supplying negative air pressure will be checked by Mark Miller, Maintenance Director, three times a week for two weeks, weekly for one month, monthly times 3 months then quarterly during preventative maintenance rounds. Any deficiencies will be fixed immediately by the Maintenance Director or Maintenance Assistant. All findings will be brought before the QAPI meeting monthly for review and revision as necessary.